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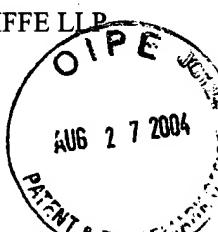
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35489 7590 07/19/2004

HELLER EHMAN WHITE & MCAULIFFE LLP
275 MIDDLEFIELD ROAD
MENLO PARK, CA 94025-3506

09/01/2004 EFL0RES1 00000002 081641 09904462

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Cheryl Rogers, EL 993 689 179 US (Depositor's name)	
<i>Cheryl Rogers</i> (Signature)	
August 27, 2004 (Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09904462	07/13/2001	Luc Desnoyers	XPRO229 POLYPEPTIDES 39780-1618P2C9	5591

TITLE OF INVENTION: ~~XXXXXXXXXXXXXXMXXXXXXXXXXXXXX~~
PRO229 POLYPEPTIDES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	10/19/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
JIANG, DONG	1646	435-069100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Elizabeth M. Barnes
 Mark T. Kresnak
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 3 MeAuliffe LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

GENENTECH, INC.

SOUTH SAN FRANCISCO, CA USA

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 2

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-1641 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

Daphne Reddy (Date)

Daphne Reddy, Reg. No. 53,507

August 27, 2004

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